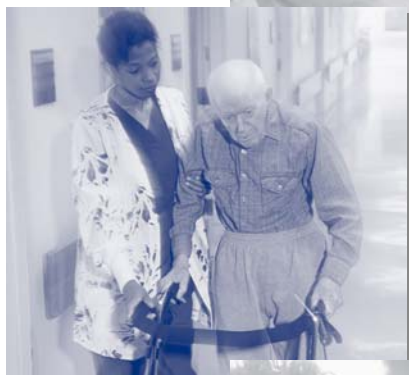


To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.



Audiologist and Hearing Instrument Specialist Billing Training

MassHealth Provider Training
October 23, 2007

Agenda

- Expected Changes
- Current Billing Instructions
- Revised Billing Instructions
- Reference Examples
- MassHealth Automated Solutions
- Support & Resources

Expected Changes

- Beginning with dates of service on and after December 1, 2007, audiologists * and hearing instrument specialists* will no longer be required to submit a copy of the manufacturer's invoice when billing for certain procedure codes.

* These changes do not apply to acute hospital outpatient audiology clinics or hospital licensed health centers

Siemens Hearing Instruments, Inc.

Please remit to: Siemens Hearing Instruments, Inc.
Dept AT 40082
Atlanta, GA 31192-0082, USA

Custom Crafted for:			
Serial Number:			
Cust No.	Invoice No.	Inv. Date	TOTAL DUE
	R		148.79

To insure proper credit please retain this stub

Siemens Hearing Instruments, Inc.
10 Constitution Ave.
Piscataway, NJ 08854, USA
(800) 766-4500 Local Call: (732) 562-6600

Page 1 of 1

INVOICE

BILL TO: [Redacted]
SHIP TO: [Redacted]
ORDERING CLINIC: [Redacted]

Expected Changes

- This change in billing procedures is based on the date of service listed on the claim, not on the date that the claim was submitted.
- If you submit a claim to MassHealth in late December 2007 that has a date of service in November 2007, continue to follow the current billing instructions

Dates of Service \leq November 30, 2007 = Follow current billing instructions

- If you submit a claim to MassHealth in late December 2007 that has a date of service in December, begin to follow the new billing instructions

Dates of Service \geq December 1, 2007 = Follow new billing instructions

Expected Changes

Service Codes Affected by the Revision

Service Codes

Description

L8621-L8624	Cochlear implant batteries
V5014	Major hearing aid repairs
V5030-V5150, V5170-V5190, V5210-V5230, V5246-V5261, V5298	Hearing Aids
V5264-V5265	Earmolds
V5267	Hearing aid options/ accessories
V5274	Pocket talkers

Current Billing Instructions

- The services listed on slide four are currently billed on the paper Claim Form 9 or the electronic 837-Professional format (837P).

Claim Type:

Paper Claim Form 9

Electronic 837P

Field:

Item # 32 (Usual Fee)

Loop 2400-SV102 (Monetary Amount); or
Loop 2300- CLM02

Current Instructions

- Enter the provider's usual and customary fee (U & C) that would be charged to a patient who is not a MassHealth member
- Submit a copy of the manufacturer's invoice

Revised Billing Instructions

- Beginning with dates of service on or after December 1, 2007, providers must adjust their charges to MassHealth according to the instructions below.

Claim Type:

Paper Claim Form 9

Electronic 837P

Field:

Item # 32 (Usual Fee)

Loop 2400-SV102 (Monetary Amount); or
Loop 2300- CLM02

Revised Instructions

- Enter the **lower** of:
 - a) The provider's usual and customary fee (U & C); or
 - b) The MassHealth fee for that service
- Do not enter the provider's U & C if the U & C is greater than the MassHealth fee. **You must enter the lower of the two.**
- **Do not** submit a copy of the manufacturer's invoice

Revised Billing Instructions

IMPORTANT:

**FAILURE TO ADJUST YOUR CHARGES
WILL RESULT IN A DENIED OR
INCORRECTLY PAID CLAIM**

Reference Example 1

In the
Office
POS

15. PLACE OF SERVICE 01	16A. IS MEMBER BEING TREATED AS A RESULT OF AN ACCIDENT? X NO YES	17. IS MEMBER BEING TREATED AS A RESULT OF SPOT SCREENING? X NO YES	18. L.O.F.	19. PATIENT STATUS	20. DISCHARGE DATE
21. DIAGNOSIS CODE		22. DIAGNOSIS NAME		23. DIAGNOSIS CODE	
25.	26. DATE OF SERVICE FROM TO	27. DESCRIPTION OF SERVICE	28. PROCEDURE CODE-MODIFIER	29. UNIT REL. TO DEL.	30. UNIT REL. TO P.W.D.
A	1 20 1 0 7	Ear impression	V5275	2	70 00
B	1 20 1 0 7	Binaural dispensing	V5160	1	2500 00
C	1 20 1 0 7	Binaural digital ITE	V5260	1	653 00
D	1 20 1 0 7	Batteries, 3 packs/4	V5266	12	21 00
E	1 20 1 0 7	Options/accessories	V5267	1	75 60
				32. USUAL FEE	33. OTHER PAID AMOUNT

Hearing aid options/accessories: V5267 = Invoice cost for options on new hearing aid purchases or for accessories purchased separately + shipping + 40% markup

Hearing aids: V5260 = Invoice cost for the base model – any discounts from the mfctr + shipping (Do not include any costs for options/accessories that are itemized separately)

35. REMARKS:	36. TOTAL USUAL FEE	37. TOTAL OTHER PAID AMOUNT
V5267 invoice \$54.00, plus 40% markup (\$21.60) = \$75.60		
V5260 invoice \$317.00+\$317.00 = \$634.00*, plus shipping (\$19.00) = \$653.00		
* use the AAC of the base model to determine if P.A. is needed based on cost. If total AAC for both units > \$1,000.00, P.A. is required		

Reference Example 1

Locating Calculations on the Invoice:

Customer No.	Customer P.O. No.	Patient Name		Invoice No.		Please remit to: Sennens Hearing Instruments, Inc. Dept. AT 40082 Atlanta, GA 31132-0882, USA	
Order No.	Order Date	Terms	Shipping Method		Invoice Date		
		Net 30 Days	DHL OVERNIGHT NEXT DAY				
Line Item Number	Item Descriptive Information				Qty Ordered	Qty Shipped	Unit Price
1	LS-C	TELESCOIL				1	1
<p>Option/Accessory</p> <p>Model: 03, Gain: 50, Power: 118, HFL: WIDE, Side: LEFT</p> <p>Case: Bkgrd + Shell Color, Shell SAV, Long + Canal Length, Vntg Spring, Feedback Seal, Lnt Template 4, 3/12 Bnt Pwr</p> <p>STUNG, L4 + 254, 1 Control, Wide + HFL, 3 db per Octave + Slope, 50 db + Gain (Peak), Bkgrd + Faceplate Color, 118 db + Power (Peak)</p> <p>Programmer Connector, No Standard Control 2, Removable Ring, Vntg Screen, VOLUME CONTROL, PUSHBUTTON SWITCH, BARGAINING LIVEREDED, 12 MONTH WARRANTY</p>				492.00	492.00	317.00	
<p>Hearing Aid</p> <p>Model: 03, Gain: 50, Power: 118, HFL: WIDE, Side: RIGHT</p> <p>Case: Bkgrd + Shell Color, Shell SAV, Long + Canal Length, Vntg Spring, Feedback Seal, Lnt Template 4, 3/12 Bnt Pwr</p> <p>STUNG, L4 + 254, 1 Control, Wide + HFL, 3 db per Octave + Slope, 50 db + Gain (Peak), Bkgrd + Faceplate Color, 118 db + Power (Peak)</p> <p>Programmer Connector, No Standard Control 2, Removable Ring, Vntg Screen, VOLUME CONTROL, PUSHBUTTON SWITCH, BARGAINING LIVEREDED, 12 MONTH WARRANTY</p>				492.00	492.00	317.00	
<p>EVERY EFFORT HAS BEEN MADE TO SATISFY YOUR ORDER. DUE TO SPACE LIMITATIONS A SMALLER RECEIVER HAD TO BE USED.</p>						Subtotal	688.00
						Tax Amount	0.00
						Shipping	19.00
						TOTAL	707.00

Reference Example 2

→
Out of
Office
POS

15. PLACE OF SERVICE 02	16A. IS MEMBER BEING TREATED AS A RESULT OF AN ACCIDENT? X NO YES	16B. IF YES, TYPE A	17. IS MEMBER BEING TREATED AS A RESULT OF SPST SCREENING? X NO YES	18. L.O.F.	19. PATIENT STATUS	20. DISCHARGE DATE	
21. DIAGNOSIS CODE		22. DIAGNOSIS NAME		23. DIAGNOSIS CODE		24. DIAGNOSIS NAME	
25. DATE OF SERVICE FROM TO		27. DESCRIPTION OF SERVICE		28. PROCEDURE CODE-MODIFIER		29. DENT. RES. TO (DENT)	30. DENT. RES. TO (HCP)
A 1 20 1 0 7		Major repair		V5014		31. UNITS OF SERVICE 2	32. USUAL FEE \$ 394.45
						33. OTHER PAID AMOUNT \$	34. SWING SERV

Major hearing aid repairs: V5014 = Invoice cost for total repair (regardless of itemization on invoice) + shipping + 40% markup (no cap) + 15% additional markup (out-of-office markup)

35. REMARKS:

Calculate Charges:

invoice cost of 2 repairs \$226.00 + shipping \$19.00 = \$245.00, plus 40% markup (\$98.00) = \$343.00

Then, add 15% out-of-office increase for place of service 02 (\$51.45) = \$394.45

36. TOTAL USUAL FEE \$	37. TOTAL OTHER PAID AMOUNT \$
---------------------------	-----------------------------------

Reference Example 2

Locating Calculations on the Invoice:

Customer No.	Customer P.O. No.	Patient Name	Invoice No.	Please remit to: Siemens Hearing Instruments, Inc. Dept AT 40682 Atlanta, GA 31192-0082, USA
Order No.	Terms	Shipment Method	Invoice Date	
	Net 30 Days	DHL OVERNIGHT/NEXT DAY		

Line Item Numbers	Item Descriptive Information	Qty Ordered	Qty Shipped	WR MO	List Price	Extension	Discounted Price	Invoice Amount																												
1	SIEMN05A PROG ANALOG ITE OUT OF WARR	1	1	6	113.00	113.00	113.00	113.00																												
<table border="1"> <tr> <td>Item No.</td> <td>Hearing Aid Description</td> <td>War Exp Date</td> <td>Serial No.</td> </tr> <tr> <td>LS-1</td> <td>ITE</td> <td></td> <td></td> </tr> <tr> <td>Complaint</td> <td>Action Description</td> <td colspan="2"></td> </tr> <tr> <td>Dead</td> <td>Receiver Replaced - Clogged</td> <td colspan="2"></td> </tr> <tr> <td>Weak/Not up to Spec.</td> <td>Microphone Replaced</td> <td colspan="2"></td> </tr> <tr> <td>Wax Build Up</td> <td>Receiver Replaced - Clogged</td> <td colspan="2"></td> </tr> <tr> <td>Tubing (mic./rec.)</td> <td>Receiver Pocket/Tubing Replace</td> <td colspan="2"></td> </tr> </table>									Item No.	Hearing Aid Description	War Exp Date	Serial No.	LS-1	ITE			Complaint	Action Description			Dead	Receiver Replaced - Clogged			Weak/Not up to Spec.	Microphone Replaced			Wax Build Up	Receiver Replaced - Clogged			Tubing (mic./rec.)	Receiver Pocket/Tubing Replace		
Item No.	Hearing Aid Description	War Exp Date	Serial No.																																	
LS-1	ITE																																			
Complaint	Action Description																																			
Dead	Receiver Replaced - Clogged																																			
Weak/Not up to Spec.	Microphone Replaced																																			
Wax Build Up	Receiver Replaced - Clogged																																			
Tubing (mic./rec.)	Receiver Pocket/Tubing Replace																																			
2	SIEMN05A PROG ANALOG ITE OUT OF WARR	1	1	6	113.00	113.00	113.00	113.00																												
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Item No.	Hearing Aid Description	War Exp Date	Serial No.																																	
LS-1	ITE																																			
Complaint	Action Description																																			
Dead	Receiver Replaced - Clogged																																			
Wax Build Up	Receiver Replaced - Clogged																																			
Wax Build Up	Microphone Replaced																																			
Tubing (mic./rec.)	Receiver Pocket/Tubing Replace																																			
PROGRAMMED TO RECEIVED SETTINGS.							Subtotal	226.00																												
							Tax Amount	0.00																												
							Shipping	19.00																												
							TOTAL	245.00																												

Invoice Cost

Shipping

Reference Example 3

In the
Office
POS

member name				member RID				DOB				M/F		internal patient acct #					
16. PLACE OF SERVICE		16A. IS MEMBER BEING TREATED AS A RESULT OF AN ACCIDENT?		B. IF YES, TYPE #		C. DATE OF ACCIDENT		17. IS MEMBER BEING TREATED AS A RESULT OF EPSDT SCREENING?		18. L.O.F.		19. PATIENT STATUS		20. DISCHARGE DATE					
01		X		NO		YES		X		NO		YES							
21. DIAGNOSIS CODE				22. DIAGNOSIS NAME				23. DIAGNOSIS CODE				24. DIAGNOSIS NAME							
25.		26. DATE OF SERVICE		27. DESCRIPTION OF SERVICE		28. PROCEDURE CODE-MODIFIER		29. TREAT. PERIOD TO DATE		30. TREAT. PERIOD TO DATE		31. UNITS OF SERVICE		32. USUAL FEE		33. OTHER PAID AMOUNT		34. BASIC UNIT	
A		1 20 1 0 7		Major repair		V5014						1		\$ 263 20					

Major hearing aid repairs: V5014 = Invoice cost for total repair (regardless of itemization on invoice) + shipping + 40% markup (no cap)

35. REMARKS:		\$		\$	
Calculate Charges:					
invoice cost of repair \$171.00 + shipping \$17.00 = \$188.00, plus 40% markup (\$75.20) = \$263.20		36. TOTAL USUAL FEE		37. TOTAL OTHER PAID AMOUNT	

Reference Example 3

Locating Calculations on the Invoice:

Line Item Number	Item Descriptive Information	Qty Ordered	Qty Shipped	WR MO	List Price	Extension	Discounted Price	Invoice Amount																								
1	PROG ANALOG ITE OUT OF WARR	1	1	6	113.00	113.00	108.00	108.00																								
	REMAKE/RECALL- NO MODEL CHANGE	1	1		63.00	63.00	63.00	63.00																								
<table><tr><th>Item No.</th><th>Hearing Aid Description</th><th>War Exp Date</th><th>Serial No.</th></tr><tr><td>LS-1</td><td>ITE</td><td></td><td></td></tr><tr><th>Complaint</th><th>Action Description</th><td colspan="2"></td></tr><tr><td>Additional Work Done</td><td>Programmed To User Settings (B</td><td colspan="2"></td></tr><tr><td>Shell Repair</td><td>Shell Remade</td><td colspan="2"></td></tr><tr><td>Shell Repair</td><td>Faceplate Replaced-Plastic Onl</td><td colspan="2"></td></tr></table>									Item No.	Hearing Aid Description	War Exp Date	Serial No.	LS-1	ITE			Complaint	Action Description			Additional Work Done	Programmed To User Settings (B			Shell Repair	Shell Remade			Shell Repair	Faceplate Replaced-Plastic Onl		
Item No.	Hearing Aid Description	War Exp Date	Serial No.																													
LS-1	ITE																															
Complaint	Action Description																															
Additional Work Done	Programmed To User Settings (B																															
Shell Repair	Shell Remade																															
Shell Repair	Faceplate Replaced-Plastic Onl																															
							Subtotal	171.00																								
							Tax Amount	0.00																								
							Shipping	17.00																								
							TOTAL	188.00																								

Invoice Cost
Shipping

Invoice Cost
Shipping

Reference Example 4

In the
Office
POS

15. PLACE OF SERVICE 01	16A. IS MEMBER BEING TREATED AS A RESULT OF AN ACCIDENT? X NO YES	B. IF YES, TYPE #	C. DATE OF ACCIDENT	17. IS MEMBER BEING TREATED AS A RESULT OF CPDPT ACCIDENT? X NO YES	18. L.O.P.	19. PATIENT STATUS	20. DISCHARGE DATE
21. DIAGNOSIS CODE		22. DIAGNOSIS NAME		23. DIAGNOSIS CODE		24. DIAGNOSIS NAME	
25. DATE OF SERVICE FROM TO		27. DESCRIPTION OF SERVICE		26. PROCEDURE CODE-MODIFIER	29. PREL. REL. TO DNG.	30. TREAT. REL. TO PREL. P.	31. UNITS OF SERVICE
A 1 20 1 0 7		Pocket talker		V5274			1
				32. USUAL FEE	33. OTHER PAID AMOUNT		
				\$ 158.14	\$		

Pocket Talkers: V5274 = Invoice cost for + shipping + 40% markup

35. REMARKS:		\$	\$
		36. TOTAL USUAL FEE	37. TOTAL OTHER PAID AMOUNT

Calculate Charges:

invoice cost \$106.04, plus shipping (\$6.92) = \$112.96, plus 40% markup (\$45.18) = \$158.14

Reference Example 4

Locating Calculations on the Invoice:

Customer #:

Patient:

Manufacturer: Hal-Hen Company Inc.

Item Number

Description

Quantity

Unit

Price

Ext. Price

Pocketalker Pro w/ Headphones

1

Each

\$ 106.04

\$ 106.04

Invoice Cost

Shipping

Shipping

1

Each

\$ 6.92

\$ 6.92

Shipping

Reference Example 5

Out of
Office
POS

15. PLACE OF SERVICE 06	16A. IS MEMBER BEING TREATED AS A RESULT OF AN ACCIDENT? X NO YES	17. IF YES, TYPE #	18. DATE OF ACCIDENT	19. IS MEMBER BEING TREATED AS A RESULT OF EPST SCREENING? X NO YES	20. L.O.F.	21. PATIENT STATUS	22. DISCHARGE DATE
23. DIAGNOSIS CODE		24. DIAGNOSIS NAME		25. DIAGNOSIS CODE		26. DIAGNOSIS NAME	
27. DATE OF SERVICE FROM TO		28. DESCRIPTION OF SERVICE		29. PROCEDURE CODE-MODIFIER	30. TREAT REL TO REF	31. TREAT REL TO REF	32. UNITS OF SERVICE
A 1 20 1 0 7		Major repair		V5014			1
				33. USUAL FEE	34. OTHER PAID AMOUNT		35. REMARKS
				\$ 302.68			

Major hearing aid repairs: V5014 = Invoice cost for total repair (regardless of itemization on invoice) + shipping + 40% markup (no cap) + 15% additional markup (out-of-office markup)

35. REMARKS:	\$	\$
Calculate Charges:	36. TOTAL USUAL FEE	37. TOTAL OTHER PAID AMOUNT
invoice cost of repair = \$171.00, + shipping (\$17.00) = \$188.00, plus 40% markup (\$75.20) = \$263.20		
Then, add 15% out-of-office increase for place of service 06 (\$39.48) = \$302.68		

Reference Example 5

Locating Calculations on the Invoice:

Customer No.	Customer P.O. No.	Patient Name	Invoice No.	Please remit to:																												
				Siemens Hearing Instruments, Inc. Dept AT 40082 Atlanta, GA 31192-8003, USA																												
Order No.	Order Date	Terms	Shipment Method	Invoice Date																												
		Net 30 Days	CHL OVERNIGHT NEXT DAY																													
Line Item Numbers	Item Descriptive Information	Qty Ordered	Qty Shipped	WR MO	List Price	Extension	Discounted Price	Invoice Amount																								
1	PROG ANALOG ITE OUT OF WARR REMAKE/RECASE- NO MODEL CHANGE	1	1	6	113.00	113.00	108.00	108.00																								
		1	1		63.00	63.00	63.00	63.00																								
<table border="1"> <tr> <td>Item No.</td> <td>Hearing Aid Description</td> <td>Warr Exp Date</td> <td>Serial No.</td> </tr> <tr> <td>LS-1</td> <td>TE</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Complaint</td> <td colspan="2">Action Description</td> </tr> <tr> <td colspan="2">Additional Work Done</td> <td colspan="2">Programmed To User Settings (B</td> </tr> <tr> <td colspan="2">Shell Repair</td> <td colspan="2">Shell Remade</td> </tr> <tr> <td colspan="2">Shell Repair</td> <td colspan="2">Faceplate Replaced-Plastic Onl</td> </tr> </table>									Item No.	Hearing Aid Description	Warr Exp Date	Serial No.	LS-1	TE			Complaint		Action Description		Additional Work Done		Programmed To User Settings (B		Shell Repair		Shell Remade		Shell Repair		Faceplate Replaced-Plastic Onl	
Item No.	Hearing Aid Description	Warr Exp Date	Serial No.																													
LS-1	TE																															
Complaint		Action Description																														
Additional Work Done		Programmed To User Settings (B																														
Shell Repair		Shell Remade																														
Shell Repair		Faceplate Replaced-Plastic Onl																														
Subtotal							171.00																									
Tax Amount							0.00																									
Shipping							17.00																									
TOTAL							188.00																									

Invoice Cost
Shipping

Reference Example 6

In the
Office
POS

15. PLACE OF SERVICE 01	16A. B. MEMBER BEING TREATED AS A RESULT OF AN ACCIDENT? X NO YES	B. PTES. TYPE 2	C. DATE OF ACCIDENT	17. IS MEMBER BEING TREATED AS A RESULT OF EPDSY SCREENING? X NO YES	18. L.O.P.	19. PATIENT STATUS	20. DISCHARGE DATE
21. DIAGNOSIS CODE		22. DIAGNOSIS NAME		23. DIAGNOSIS CODE		24. DIAGNOSIS NAME	
25. DATE OF SERVICE		27. DESCRIPTION OF SERVICE		28. PROCEDURE CODE-MODIFIER	29. UNIT REL. TO DUA	30. UNIT REL. TO P.A.	31. UNITS OF SERVICE
FROM TO							
A 1 20 1 0 7		Binaural ITE		V5130			1 228 99
B 1 20 1 0 7		Binaural dispensing		V5160			1 3500 00
C 1 20 1 0 7		Accessories		V5267			2 784 00
				32. USUAL FEE	33. OTHER PAID AMOUNT		34. BASIC BLT.

Hearing aid options/accessories: V5267 = Invoice cost for options on new hearing aid purchase, or for accessories purchased separately + shipping + 40% markup

Hearing aids: V5130 = Invoice cost for the base model only – any discounts from the manufacturer + shipping

35. REMARKS:

V5267 invoice \$280.00+\$280.00 = \$560.00, plus 40% markup \$224.00 = \$784.00

V5130 invoice \$157.00 + \$157.00 = \$314.00*, -\$100 credit on invoice = \$214.00, + shipping \$14.99 = \$228.99

* use the AAC of the base model to determine if P.A. is needed based on cost. If total AAC for both units > \$1,000.00, P.A. is required

36. TOTAL USUAL FEE	37. TOTAL OTHER PAID AMOUNT
\$ 784.00	\$ 228.99

Reference Example 7

Out of
Office
POS

16. PLACE OF SERVICE 06	18A. NUMBER BEING TREATED AS A RESULT OF AN AGREEMENT? X NO YES	B. TYPE YES	C. DATE OF ACCOUNT	17. NUMBER BEING TREATED AS A RESULT OF MSOT SCREENING X NO YES	18. L.O.P.	19. PATIENT STATUS	20. DISCHARGE DATE
21. DIAGNOSIS CODE		22. DIAGNOSIS NAME		23. DIAGNOSIS CODE		24. DIAGNOSIS NAME	
25. DATE OF SERVICE FROM TO		27. DESCRIPTION OF SERVICE		28. PROCEDURE CODE-MODIFIER		29. USUAL FEE	
A 1 20 1 0 7		Major repair		V5014		2 399 28	

Major hearing aid repairs: V5014 = Invoice cost for total repair (regardless of itemization on invoice) + shipping + 40% markup (no cap) + 15% additional markup (out-of-office markup)

35. REMARKS:	36. TOTAL USUAL FEE	37. TOTAL OTHER PAID AMOUNT
<p>Calculate Charges:</p> <p>invoice cost \$108.00+\$108.00 = \$216.00, + shipping (\$16.00+\$16.00) = \$248.00, plus 40% markup (\$99.20) = \$347.20</p> <p>Then, add 15% out-of-office increase for place of service 06 (\$52.08) = \$399.28</p>		

Reference Example 7

Locating Calculations on the Invoice:

Customer No.	Customer P.O. No.	Patient Name	Invoice No.	Please remit to: Siemens Hearing Instruments, Inc. Dept AT 40982 Atlanta, GA 31192-0082, USA																																														
Order No.	Order Date	Terms	Shipment Method		Invoice Date																																													
Net 30 Days		DHL OVERNIGHT/EXT																																																
Line Item Numbers	Item Descriptive Information	Qty Ordered	Qty Shipped	WB MO	List Price	Extension	Discounted Price	Invoice Amount																																										
1	SIEMENS PROG ANALOG ITE OUT OF WARR	1	1	6	108.00	108.00	108.00	108.00																																										
<table border="1"> <tr> <td>Item No.</td> <td>Heating</td> <td>Warranty Description</td> <td>Warranty Start Date</td> <td>Warranty End Date</td> <td>Warranty Exp Date</td> <td>Warranty Serial No.</td> </tr> <tr> <td>LS-1</td> <td>ITE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Complain</td> <td colspan="5">Action Description</td> </tr> <tr> <td colspan="2">Weak/Not up to Spec.</td> <td colspan="5">Microphone Replaced - Clogged</td> </tr> <tr> <td colspan="2">Distorted/Noisy/Static</td> <td colspan="5">Receiver Replaced - Clogged</td> </tr> <tr> <td colspan="2">Battery Door</td> <td colspan="5">Battery Door Replaced</td> </tr> </table>									Item No.	Heating	Warranty Description	Warranty Start Date	Warranty End Date	Warranty Exp Date	Warranty Serial No.	LS-1	ITE						Complain		Action Description					Weak/Not up to Spec.		Microphone Replaced - Clogged					Distorted/Noisy/Static		Receiver Replaced - Clogged					Battery Door		Battery Door Replaced				
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Complain		Action Description																																																
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Distorted/Noisy/Static		Receiver Replaced - Clogged																																																
Battery Door		Battery Door Replaced																																																
PROGRAMMED TO RECEIVED SETTINGS.								Subtotal	108.00																																									
								Tax Amount	0.00																																									
								Shipping	16.00																																									
TOTAL									124.00																																									

Invoice Cost
Shipping

Reference Example 7

Locating Calculations on the Invoice:

Customer No.	Customer P.O. No.	Patient Name	Invoice No.	Please remit to: Siemens Hearing Instruments, Inc. Dept AT 40082 Atlanta, GA 31192-0082, USA																																																									
Order No.	Order Date	Terms	Shipment Method																																																										
	Net 30 Days	DL OVERNIGHT	Invoice Date																																																										
Line Item Number	Item Descriptive Information	Qty Ordered	Qty Shipped	Unit Price	Extension	Discounted Price	Invoice Amount																																																						
1	SIEMENS PROG ANALOG ITE OUT OF WARR	1	1	6	108.00	108.00	108.00																																																						
<table border="1"> <tr> <td>Item No.</td> <td>Hearing Aid Description</td> <td>Unit Price</td> <td>Qty Ordered</td> <td>Qty Shipped</td> <td>Unit Price</td> <td>Extension</td> <td>Discounted Price</td> <td>Invoice Amount</td> </tr> <tr> <td>LS-1</td> <td>ITE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Complaint</td> <td colspan="7">Action Description</td> </tr> <tr> <td colspan="2">Weak/Not up to Spec.</td> <td colspan="7">Microphone Replaced - Clogged</td> </tr> <tr> <td colspan="2">Distorted/Noisy/Static</td> <td colspan="7">Receiver Replaced - Clogged</td> </tr> <tr> <td colspan="2">Battery Door</td> <td colspan="7">Battery Door Replaced</td> </tr> </table>								Item No.	Hearing Aid Description	Unit Price	Qty Ordered	Qty Shipped	Unit Price	Extension	Discounted Price	Invoice Amount	LS-1	ITE								Complaint		Action Description							Weak/Not up to Spec.		Microphone Replaced - Clogged							Distorted/Noisy/Static		Receiver Replaced - Clogged							Battery Door		Battery Door Replaced						
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							Tax Amount	0.00																																																					
							Shipping	16.00																																																					
TOTAL								124.00																																																					

Reference Example 8

In the
Office
POS

15. PLACE OF SERVICE 01	16A. IS MEMBER BEING TREATED AS A RESULT OF AN ACCIDENT? X NO YES	16B. IF YES, TYPE C. DATE OF ACCIDENT	17. IS MEMBER BEING TREATED AS A RESULT OF SPORT SCREENING? X NO YES	18. L.O.F.	19. PATIENT STATUS	20. DISCHARGE DATE			
21. DIAGNOSIS CODE		22. DIAGNOSIS NAME		23. DIAGNOSIS CODE		24. DIAGNOSIS NAME			
25.	26. DATE OF SERVICE FROM TO		27. DESCRIPTION OF SERVICE	28. PROCEDURE CODE-MODIFIER	29. UNIT REL. TO 28. 1 2 3 4 5 6 7 8 9 10 11 12	30. UNIT REL. TO 28. 1 2 3 4 5 6 7 8 9 10 11 12	31. USUAL FEE \$	32. OTHER PAID AMOUNT \$	33. EASE 54
A	1 20 1 0 7		Binaural dispensing	V5160		1	2000 00		
B	1 20 1 0 7		Binaural BTE	V5140		1	1000 00		
C	1 20 1 0 7		Earmolds	V5264		2	125 64		
D	1 20 1 0 7		Batteries, 3 packs/8	V5266		24	45 00		

Hearing aids: V5140 = Invoice cost for the base model only – any discounts from the manufacturer + shipping (* Do not include any costs for options/accessories that are itemized separately on the invoice)

Earmolds: V5264 = Invoice cost of the earmold + shipping + \$13.52 per earmold (dispensing fee)

35. REMARKS:	\$	\$
V5140 invoice \$1,000.00*		
V5264 invoice \$69.00, plus shipping (\$29.60) = \$98.60, plus dispensing fee (\$13.52 per earmold) = \$125.64	36. TOTAL USUAL FEE	37. TOTAL OTHER PAID AMOUNT
* use the AAC of the base model to determine if P.A. is needed based on cost. If total AAC for both units > \$1,000.00, P.A. is required		

Reference Example 8

Locating Calculations on the Invoice:

DUE DATE					
	Qty.	Unit Price	Gross Amount	Discount % Amount	Amount
Sumo DM	2 EACH	500.00	1,000.00		
Color: Dark Brown Battery: 675					
Serial No.					
Serial No.					
	22 Year				0.00
Total \$					1,000.00
Tax Amount					0.00
Total \$ Incl. Sales Tax					1,000.00

Invoice Cost

1,000.00

Reference Example 8

Locating Calculations on the Invoice:

INVOICE

Phone: (800) 336-5719

Client Name

Ear B
Style 2 SHELL
Material 2 EMPLEX II
SHIPPING

Invoice Cost 00
69.00
Shipping 29.60

N NO-JC MED

Total: 98.60

In the Office POS



35. REMARKS: Calculate Charges:
 V5050RT invoice cost \$498.73*, plus shipping (\$14.99) = \$513.72
 * use the AAC of the base model to determine if P.A. is needed based on cost. If AAC > \$500.00, P.A. is required

Reference Example 9

Locating Calculations on the Invoice:

RIGHT	STARKEY	CE	LV
S/N:		498.73	
MATRIX:	113/30/00-VV		
WARRANTY:	1		
OPTIONS:			
Low Profile		N/C	
ROUND TRIP INS/SHIP/HNDLG		14.99	
CANAL VOLUME CONTROL		N/C	
ENDEAVOUR IV		N/C	
MAXCEPTOR		N/C	
SINGLE MEMORY CONFIG		N/C	
SERIES 12 FACEPLATE		N/C	
312 BATTERY		N/C	
Sub Total:		513.72	
		.00	
		.00	
TOTAL:		513.72	

Invoice Cost
Shipping

Reference Example 10

Out of
Office
POS

15. PLACE OF SERVICE 06	16A. IS MEMBER BEING TREATED AS A RESULT OF EARLY SCREENING? X NO YES	B. IF YES, TYPE	C. DATE OF ACCESS	17. IS MEMBER BEING TREATED AS A RESULT OF EARLY SCREENING? X NO YES	18. L.O.F.	19. PATIENT STATUS	20. DISCHARGE DATE
21. DIAGNOSIS CODE		22. DIAGNOSIS NAME		23. DIAGNOSIS CODE		24. DIAGNOSIS NAME	
25. DATE OF SERVICE		26. DESCRIPTION OF SERVICE		27. PROCEDURE CODE-MODIFIER		28. INVOY OF SERVICE	
FROM TO							
A 1 20 1 0 7		Monaural dispensing		V5241LT		1 1500 00	
B 1 20 1 0 7		Monaural digital BTE		V5257LT		1 334 00	
C 1 20 1 0 7		Earmold		V5264		1 47 75	
D 1 20 1 0 7		Batteries, 2 packs/8		V5266		16 25 00	

Hearing aid : V5257LT = Invoice cost for the base model only – any discounts from the manufacturer + shipping (* Do not include any costs for options/accessories that are itemized separately on the invoice)

Earmolds: V5264 = Invoice cost for total repair (regardless of itemization on invoice) + shipping + \$13.52 per earmold (dispensing fee) + 15% additional markup (out-of-office markup)

35. REMARKS:	\$	\$
V5257LT invoice cost \$317.00* plus shipping (\$17.00) = \$334.00	36. TOTAL USUAL FEE	37. TOTAL OTHER PAY AMOUNT
V5264 invoice cost \$28.00, plus dispensing fee (\$13.52) = \$41.52, plus 15% out-of-office increase (\$6.23) = \$47.75		
* use the AAC of the base model to determine if P.A. is needed based on cost. If AAC > \$500.00, P.A. is required		

Reference Example 10

Locating Calculations on the Invoice:

BILL	Client's Name _____		<input checked="" type="checkbox"/> Left Ear <input type="checkbox"/> Right Ear
PHYSICAL STYLE OPTIONS	Style Number <u>2</u>	Style Name (listed above on inside cover) <u>BTE</u>	
	<input type="checkbox"/> Tragus	<input type="checkbox"/> Helix on	<input type="checkbox"/> Helix off
ACOUSTIC OPTIONS	VENTING	BORE	LEAKY HORN
	<input type="checkbox"/> Parabolic	<input type="checkbox"/> Standard	<input type="checkbox"/> 3 mm (medium)
	<input type="checkbox"/> Diagonal	<input type="checkbox"/> Asymmetric Modifier	<input type="checkbox"/> 3 mm (thick)
	<input type="checkbox"/> External	<input type="checkbox"/> Asymmetric Modifier	<input type="checkbox"/> 4 mm (standard)
	<input type="checkbox"/> Small .031	<input type="checkbox"/> Small .031	<input type="checkbox"/> As Marked
	<input type="checkbox"/> Med .062	<input type="checkbox"/> Med .062	
	<input type="checkbox"/> It some .062	<input type="checkbox"/> It some .062	

Invoice Cost (V5264)

Customer No.	Customer P.O. No.	Patient Name	Invoice No.	Please remit to:	
				Siemens Hearing Instruments, Inc. Dept AT 40062 Atlanta, GA 31132-0062, USA	
Order No.	Order Date	Terms	Shipment Method	Invoice Date	
			DHL OVERNIGHT/NEXT DAY		
Line Item Numbers	Item Descriptive Information	Qty Ordered	Qty Back Order	Qty Shipped	Unit Price
1	BTE, INTUIS DIR BG 13 BAT	1	0	1	24
	Patient Name	Serial Number	Warranty	Unit Price	Extension
				506.00	506.00
				317.00	317.00
				Subtotal	317.00
				Tax Amount	0.00
				Shipping	17.00
				TOTAL	334.00

Invoice Cost (V5257)

Shipping

MassHealth Automated Solutions

- **Providers interested in maximizing their billing capabilities, may want to consider moving to electronic claims submission**
 - Cleaner claims and on average 25% fewer errors
 - Less clerical handling frees up your resources
 - Increased cash flow!
- **MassHealth offers a free electronic claims submission software**
 - Software can be easily downloaded from our website: www.mass.gov/masshealth/pcss
 - **Training on this software system is available. To Sign up:**
 1. Visit www.mass.gov/masshealth
 2. Click on “Information for MassHealth Providers”
 3. Click on “MassHealth Provider Trainings” and then on “Online Training Request” under the [Additional Educational Opportunities](#) subtitle.
 4. Click on the “Course Registration” link found in the [MassHealth Menu](#) on the right hand side of the webpage (the request to enter a user ID and password should be ignored).
 5. Finally, providers should locate the appropriate PCSS training session and hit “Select” to complete the registration process

Mass.gov Web Site

MassHealth Web Site

- The MassHealth web site is the primary tool for providers to access essential information resources and is available 24 hours a day 7 days a week.
- The MassHealth website can be accessed by visiting www.mass.gov/masshealth

MassHealth Fee Schedule

- The MassHealth Fee Schedule is available to providers for purposes of identifying the fees associated with certain services.
- The MassHealth fee schedule can be accessed by visiting www.mass.gov/DHCFP and clicking on “DHCFP Regulations” in the What we Do box in the upper left corner of the web page

Mass.gov Web Site

www.mass.gov/masshealth

1. Information for MassHealth Providers

- Feature of the Month

2. MassHealth & HIPAA

3. News & Updates

4. Online Services

- Preferred Method of Communication
- Customer Web Portal

5. MassHealth Regulations and Other Publications

- Provider Library

The screenshot shows the MassHealth website interface. At the top, there is a navigation bar with tabs for 'EOHHS Home', 'For Consumers', 'For Providers', 'For Researchers', and 'For Government'. Below this, the 'PROGRAMS & SERVICES' section lists links for 'Individuals, Families, & Children', 'Seniors', 'People with Disabilities', 'People Who Need Long Term Care', and 'People with HIV'. The 'KEY RESOURCES' section lists contact information for the MassHealth Member Customer Service Center, MassHealth Dental Customer Service Center, MassHealth Provider Services, REVS Provider Help Desk, Massachusetts Commission for the Blind (MCB), and MassHealth Provider Services. The main content area features a 'Welcome from Medicaid Director Tom Dehner' message, a 'Mission Statement', an 'Overview of MassHealth Services', a link to 'MassHealth and Health Care Reform', a link to 'Apply for Low-Cost Health Care with MassHealth', a link to 'Information for MassHealth Members', a link to 'MassHealth Regulations and Other Publications', a link to 'MassHealth Drug List', and a link to 'MassHealth and HIPAA'. The right sidebar contains a 'SEARCH' box, a 'NEWS & UPDATES' section with links to 'Interested Parties Conference for MassHealth Members with Acquired Brain Injury', 'Invite for Audiologists and Hearing Instrument Specialists', 'Requirement for Tamper-Resistant, Written Prescriptions Delayed Until 04/01/08', and 'Attend a Provider Forum'. The 'ONLINE SERVICES' section lists links to 'Enter the Virtual Gateway', 'Verify Member Eligibility with the', 'Send and Receive Provider Web-based Transactions', 'Choose Your Provider Preferred Communication Method', and 'Order Provider Publications'. The 'PUBLICATIONS' section lists a link to 'MassHealth Guidelines for Medical Necessity Determination'.

1 → Information for MassHealth Members

2 → MassHealth and HIPAA

3 → Welcome from Medicaid Director Tom Dehner

4 → ONLINE SERVICES

5 → MassHealth Regulations and Other Publications

Support & Resources

MassHealth has a supportive, knowledgeable staff dedicated to supporting you throughout this initiative

- For electronic solutions, contact MassHealth Customer Service:
 - via email at hipaasupport@mahealth.net,
 - via the telephone at 800-841-2900, option 1, then option 4 from 8:00 a.m. to 5:00 p.m.
- For paper submission, contact MassHealth Customer Service:

Via email at providersupport@mahealth.net

- Via the telephone at 800-841-2900, option 1
- MassHealth HIS Bulletin 12 and AUD Bulletin 4